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(Depositor's name)	
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074.250	02/14/2002	Laura E. Niklason	1579-637	5073

TITLE OF INVENTION: THERAPY FOR CEREBRAL VASOSPASM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$720 \$75	\$300	12/17/2008 S	HOHAHM1 \$1020 000 /11	12/22/2008		
EXAM	1INER	ART UNIT	CLASS-SUBCLASS	01 FC:2501		755.00 OP		
CHONG, Y	ONG SOO	1617	514-252110	02 FC:1504 03 FC:8001		300.00 OP 30.00 OP		
1. Change of correspond CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p	atent front page, list	INTVON	VANDERHYE P.C.		
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form			(1) the names of up to or agents OR, alternative	<ul> <li>3 registered patent attorned yely,</li> </ul>	neys INIAUN a	VANDERHIE P.C.		
			(2) the name of a singl	e firm (having as a memb	era <sup>2</sup>			
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